

TRANSPORTATION AFFIDAVIT

_____, whose facilities are located at _____
(Customer)

_____, Account No. _____ desires to transport natural gas

through the facilities of Midwest Energy, Inc., (“Midwest”) pursuant to applicable tariffs. This transportation affidavit

is effective _____. Customer hereby authorizes _____ to:
(Marketer)

- Forward to Midwest and required interstate pipelines our monthly nomination and any nomination revisions.
- Receive **Usage History** and **Credit Information or Payment Records** from Midwest related to my account.
- Coordinate the aggregation of my natural gas usage with that of other Midwest customers also served by Marketer for purposes of balancing.

Monthly Billing Option:

Customer elects the following monthly billing option (check only one):

_____ Receive one monthly statement from Midwest, payable to Midwest, including the applicable charges of both Midwest for distribution services and the Marketer for natural gas supply. (Midwest’s Budget Plan and Automatic Bank Draft options are available for both charges.)

_____ (Default Option) Receive two monthly statements, one from Midwest, payable to Midwest for distribution services, and one from the Marketer, payable to the Marketer, for natural gas supply. (Midwest’s Budget Plan and Automatic Bank Draft options are available for Midwest’s charges only.)

Such authorizations will continue until a subsequent Transportation Affidavit is provided to Midwest or until Customer terminates transportation service. Customer and Marketer agree to indemnify and hold harmless Midwest from any damages that may be sought as a result of any action arising out of the performance of any contract between the Customer and Marketer or the use of Customer information provided to Marketer by Midwest.

Customer:

Signature: _____

Print Name: _____

Title: _____

Date: _____

Phone: _____

Marketer:

Signature: _____

Print Name: _____

Title: _____

Date: _____

Return Affidavit to: Midwest Energy, Inc.
Attn: Energy Management & Supply
1330 Canterbury Dr., Hays, KS 67601
Fax: 785-625-1487
06/01/2013